Address to: CORRESPONDENCE ADDRESS INDICATION FORM Address to: Assistant Commissioner for Patents Box CN Washington, DC 20231 Place Customer Number Bar Label Here → Type Customer Number (PTO/SB/125) submitted herewith. in the following listed application Number (if appropriate) Address to: Assistant Commissioner for Patents Box CN Washington, DC 20231 Place Customer Number Bar Label Here → Type Customer Number here Patent Date (if appropriate) Og/623,709 September 7, 2000	Under the Pape	erwork Reduction A	Act of 1995, no persons a	re required to resp	U.S. Patent and ond to a collection of in	Frademark Office	e through 10/31/2002. OMB 0651-90 ; U.S. DEPARTMENT OF COMMERI it displays a valid OMB control numb
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						(check one)

Typed or Printed Name	Leonard C. Mitchard	Applicant or Patentee
Signature	Janny T	Assignee of record of the entire interest. Statement under 37 C.F.R. §
Date	February 10, 2003	3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	Attorney or Agent of record
		29,009 (Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 1 forms are submitted.

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